

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17, 1998 8:00 am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19194 (2)

1. Corporation Name

CROSS CREEK OF FORT MYERS CONDOMINIUM II ASSOCIA
TION, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC.
12563 NEW BRITTANY BLVD.
ST. MYERS FL 33907
US

Mailing Address

C/O MARQUIS MANAGEMENT INC.
12563 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US



3. Date Incorporated or Qualified

02/11/1987

4. FEI Number

65-0104915

Applied For

Not Applicable

2. Principal Place of Business

Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

2. Mailing Address

c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

STILPHEN, PETER MARQUIS I
12661 NEW BRITTANY BLVD
12730 NEW BRITTANY BLVD, SUITE 436
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Ne

82 St

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

00

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HAWKINS, JOHN

STREET ADDRESS 13001 CROSS CREEK BLVD

CITY-ST-ZIP FT MYERS FL

TITLE VD ☐ DELETE

NAME TOTTE, ELWOOD

STREET ADDRESS 13001 CROSS CREEK BLVD., #214

CITY-ST-ZIP FT. MYERS FL

TITLE STD ☐ DELETE

NAME DOBA, CHARLES

STREET ADDRESS 13001 CROSS CREEK BLVD., #17

CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057248

CR2E037 (10/97)